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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/659,413	09/10/2003	Peter Kite	1024637-000191	4621
21839 7590 05/12/2008 BUCHANAN, INGERSOLL & ROONEY PC POST OFFICE BOX 1404			EXAMINER	
			KANTAMNENI, SHOBHA	
ALEXANDRIA, VA 22313-1404			ART UNIT	PAPER NUMBER
			1617	
			NOTIFICATION DATE	DELIVERY MODE
			05/12/2008	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

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UNITED STATES PATENT AND TRADEMARK OFFICE

Board of Patent Appeals and Interferences

BUCHANAN, INGERSOLL & ROONEY PC
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POST OFFICE BOX 1404 ALEXANDRIA, V22313-1404 Appeal No: 2007-1613 Appellant: Peter Kite et al. Application No: 10/659,413

Hearing Room: A Hearing Docket: A

Hearing Date: Thursday, June 12, 2008

Hearing Time: 01:00 PM

Location: Madison Building - East Wing

600 Dulany Street, 9th Floor Alexandria, Virginia 22313-1450

NOTICE OF HEARING CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, please contact the Clerk of the Board at 571-272-9797.

The application involved in this appeal has been published. Accordingly, the hearing in this appeal is open to the public.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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CHECK ONE: () HEARING ATTENDANCE CONFIRMED	() HEARING ATTENDANCE WA	IVED				
Signature of Attorney/Agent/Appellant	Date	Registration No.				
Names of other visitors expected to accompany	y counsel:					

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